

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Columbia River Inter-Tribal Fish Commission		Organizational Unit: Department:		
Organizational DUNS: 086625019		Division:		
Address: Street: 729 NE Oregon, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jon		
City: Portland		Middle Name		
County: Multnomah		Last Name Matthews		
State: Oregon		Suffix:		
Zip Code 97232		Email:		
Country: USA		Phone Number (give area code) 503-238-0667		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□		Fax Number (give area code) 503-238-0667		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) □ □		7. TYPE OF APPLICANT: (See back of form for Application Types) K Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-926		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watershed Restoration Support Development Program		
13. PROPOSED PROJECT Start Date: 10/01/06 Ending Date: 09/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Oregon District 3 b. Project Oregon, Washington, Idaho		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 220,000.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$.00		DATE:		
c. State \$.00		b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 220,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr. First Name Olney		Middle Name		
Last Name Patt		Suffix Jr.		
b. Title Executive Director		c. Telephone Number (give area code) 503-238-0667		
d. Signature of Authorized Representative		e. Date Signed 4/4/06		

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BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$ 220,000.00	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 220,000.00 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 220,000.00 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 114,000.00	\$	\$	\$	\$ 114,000.00 0.00
b. Fringe Benefits	37,050.00				37,050.00 0.00
c. Travel	8,422.00				8,422.00 0.00
d. Equipment					0.00
e. Supplies	2,352.00				2,352.00 0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges (sum of 6a-6h)	161,824.00 0.00	0.00	0.00	0.00	161,824.00 0.00
j. Indirect Charges	58,176.00				58,176.00 0.00
k. TOTALS (sum of 6i and 6j)	\$ 220,000.00 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 220,000.00 0.00

7. Program Income	\$	\$	\$	\$	\$ 0.00
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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. GAP	\$ 220,000.00	\$	\$	\$ 220,000.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 220,000.00	\$ 0.00	\$ 0.00	\$ 220,000.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13 Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: 161,824.00		22. Indirect Charges: 58,176.00			
23. Remarks:					